Example of PM-330 Sterilization Consent Form

State of California -- Health and Human Services Agency

CONSENT FORM PM 330

Department of Health Services

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

	AMS OR PRO	JEO TO REC	LIVING	PEDERA	LFUNL	-	
= 0	ONSENT	TO STE	RILIZ	ATION	-		
I have aske	d for and re	ceived info	ormation	about	steriliza	tion fro	m
	(doctor or clinic)			Wh	en I first	asked t	for
he information, I was told that I could lecision will not affeir benefits from hat I am now g	as told that the ld decide not to ect my right to f	be sterilized uture care o	d. If I ded or treatme	cide not t ent. I wil	o be ste	rilized, r e any he	my ∋lp
I UNDER PERMANENT VANT TO BEC	Fields 2, 6, 13, & 20 Bilateral Tubal Ligation BE CONSIDERED ID THAT I DO NOT THER CHILDREN.						
I was told abo and could be provid uture. I have reject	out those temporal ded to me which ted these altern	h will allow	me to be	ear or fa	therac	e availat shild in t	ole he
I understand	that I will be	e steriliz	Bilate	ral Tu	bal Li	gation	
The discomforts, ri	sks and benef	fits associa					en
	7, 12, & 18	not be chan	e done ui je my mir ot result ally funde	ntil at lea nd at any t in the	ist thirty time ai withhold	days af	my
	. , , care or ago	and das bo	, , _	\mathcal{L}	<u> </u>	/ Yr	- <i>-</i>
4				Мо	Day		
Last			\sqcap			П	
nereby consent	of my	own free	will	1 6	e ste	rilized	M. I. by
	6 (500	ctor's na	lateral	Tuba	l Ligat		a
nethod called	180 days from	(Name of pr	ocedure) mv sion:	ature be	low		μ.
•	to the release					ds abou	t the
 Employ 	entatives of the ees of program determining i	ms or proje	cts fund	led by th	nat Dep		
I have receive	ed a copy of th	nis form.	_				
(7)	Penny L.	Sillen,	_ Dat	(8)	,		
Signature of individual	то ве зтелигео			Мо	DE	ay Y	'r
- I	NTERPRE	TER'S S	TATE	MENT			
If an interpret translated the info sterilized by the per		dvice prese	ented ora	ally to t	he indiv	ridual to	be
form in 9	-A- A- E	To the bes	at of my i	knowledg		inguage belief he	
explained its conter							
explained its content understood this exp				Date:	11),	,	

= STATEMENT OF	EKS	D 1 C:1	NSENI -						
Before (12)	Penny L. Sil	en, signed the						
consent form, I explained,	ne of Individu	al to be sterilized)							
	13)	Bilateral Tub	al Ligation						
(Name of procedure) is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.									
I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.									
because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at anytime and that he/she will not lose any health services or any benefits provided									
by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and									
voluntarily requested to be ste consequences of the procedure									
(14)		Date: (1	5) , ,						
Signature of person obtaining consent (16) Date: 15 / / Signature of person obtaining consent (16)									
Name of Facility where patient was of	counseled								
Address of Facility where patient was counseled City State Zip Code									
■ PHYSICIAN'S STATEMENT ■									
Shortly b		n operation up	on						
(18) Penny L. S	Sillen,		on						
(19)	erilization), I	explained to hir	n/her the nature of the						
Mo Day Yr	(20)		ubal Ligation						
sterilization operation	$\overline{}$	(Name of procedure)							
the fact that it is intended to be risks and benefits associated w		irreversible proce	dure and the discomforts,						
I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different									
because it is permanent.			at sterilization is different						
I informed the individual to at any time and that he/sh	<u> </u>		v v v v v v v v v v v v v v v v v v v						
Federal funds. Fields 21 & 22									
To the best of my least 21 years old and Cross off the Paragraph which									
voluntarily requested to b consequences of the proc	DOES NOT ABBLY								
(Instructions for use of Alternative Final Paragraphs: Use the first									
paragraph below except in the surgery when the sterilization i									
surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.									
(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.									
			days but more than 72						
hours after the date of the indiv following circumstances (che requested.)	idual's sig	nation this cor able box selow	sent form because of the and fill in information						
,			_						
Fields 27	7 & 28		vidual's expected date						
Physician Signatu	re & D	ate must be	of patient's signature).						
ON or AFTER St									
mstances:									
		<u> </u>							
(27) Marcus	J. Welb	y M.D.	Date 28 /						